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ABSTRACT

Developed by the Connecticut Birth to Three Natural Environments Task Force, this guidebook is intended to assist the early childhood community to strengthen and support families whose children have disabilities by meeting their children's needs in everyday typical routines and environments in the home and the community. It begins by providing a copy of the federal regulations under the Individuals with Disabilities Education Act requiring that services be provided in natural environments to the maximum extent appropriate. The mission of the Connecticut Birth to Three System is then described and the meaning of natural environments is discussed. The guidebook then addresses the benefits of providing services in natural environments; the early intervention process; the development of the Individualized Family Service Plan; transition from Birth to Three services; natural supports for families; the role of Birth to Three in the community; natural environments and children with autism, complex medical needs, or sensory impairments; third party reimbursement for providing services; and quality enhancement of Birth to Three services. Questions and answers regarding natural environments are then provided. Appendices include program questions for administrators, questions for Birth to Three staff, and a list of 21 resources. (CR)

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ED 431 276

Service Guideline 2

Natural Environments

Intervention guidance for service providers and families

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Connecticut Birth to Three System

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Acknowledgments

This guideline was developed by the Connecticut Birth to Three Natural Environments Task Force in 1997 and updated in 1999. It is intended to assist the early childhood community to strengthen and support families whose children have disabilities by meeting their children's needs in everyday typical routines and environments in the home and the community.

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NATURAL ENVIRONMENTS IN THE INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA)

The text of P.L. 105-17, the Individuals with Disabilities Education Act (IDEA) Amendments of 1997, pertaining to natural environments under Part C follows:

SEC. 632. DEFINITIONS

As used in this part:

4) EARLY INTERVENTION SERVICES - The term "early intervention services" means developmental services that --

G) to the maximum extent appropriate, are provided in natural environments, including the home, and community settings in which children without disabilities participate; and

SEC. 635. REQUIREMENTS FOR STATEWIDE SYSTEM

(a) IN GENERAL - A statewide system described in Section 633 shall include, at a minimum, the following components:

(16) Policies and procedures to ensure that, consistent with Section 636(d)(5)

(A) to the maximum extent appropriate, early intervention services are provided in natural environments; and

(B) the provision of early intervention services for any infant or toddler occurs in a setting other than a natural environment only when early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment.

SEC. 636. INDIVIDUALIZED FAMILY SERVICE PLAN

(d) CONTENT OF PLAN - The individualized family service plan shall be in writing and contain --

5) a statement of the natural environments in which early intervention services shall appropriately be provided, including a justification of the extent, if any, to which the services will not be provided in a natural environment.

CONNECTICUT BIRTH TO THREE SYSTEM MISSION

The Mission of the Connecticut Birth to Three System is to "strengthen the capacity of Connecticut's families to meet the developmental and health-related needs of their infants and toddlers who have delays or disabilities" and to:

Ensure that all families have equal access to a coordinated program of comprehensive services and supports that:

- *foster collaborative partnerships*
- *are family centered*
- *occur in natural settings*
- *recognize current best practices in early intervention*
- *are built upon mutual respect and choice*

The "natural settings" section of the mission is explained in more detail:

"Services and supports should occur in settings most natural and comfortable for the child and family. They should foster opportunities for the development of peer relationships with children without disabilities. Home-based intervention and inclusive community group settings are preferred. The unique characteristics of the family's community -- and the development of a natural system of supports within that community -- should be promoted at all times."

(Connecticut Birth to Three Mission Statement, 1996)

The Connecticut Birth to Three Mission also acknowledges that the planning and delivery of supports and services are based on respect for the individual family and affords them choice in the program that serves them whenever possible. To achieve this, the Connecticut Birth to Three System has developed contracts with various programs throughout the state. The programs provide comprehensive services that adhere to the Federal Part C Regulations and reflect the current values for best practice in the field of early intervention. The System ensures that this is occurring with regard to natural environments by monitoring the federal requirement that interventionists provide "justification for any early intervention that can not be achieved satisfactorily in a natural environment."

WHAT ARE NATURAL ENVIRONMENTS?

Natural environments are the places where children live, learn, and play. Some examples of places that children go to in the community are:

- home
- gymnastic programs
- parks
- neighbor's homes
- neighborhood play groups
- toy lending libraries
- museums
- church festivals
- book stores and library story hours
- swimming pools
- family hikes
- mommy and me class
- child care
- birthdays
- fast food restaurants (and play spaces)

Many naturally occurring activities in the home present learning opportunities. Some examples are:

- brushing teeth
- diapering
- meal time
- playing with siblings
- playing with neighbors
- watching TV
- folding laundry
- reading stories
- nap time

Every child, family, and community is different. What is a natural part of one family's routine may never happen in another family.

An environment is not "natural" if it was invented to meet special needs.

What Does A Shift Toward Natural Environments Look Like?

There will be MORE OF:

- Toddlers with disabilities being included in ongoing community groups such as family resource centers and be receiving Birth to Three support there.
- Birth to Three staff consulting to existing staff in early childhood settings.
- Families explaining the settings and activities that are a part of their families' lives.
- Teaching strategies that are incorporated into the activities and settings that families have described.

There will be LESS OF:

- IFSPs that look all the same.
- Birth to Three programs running their own groups.
- Birth to Three staff who "do for."
- Playgroups started solely to meet the needs of children with disabilities.
- Children removed from existing community group settings to receive "treatment."
- IFSPs that list "therapy" as an outcome.

WHY NATURAL ENVIRONMENTS?

The goal of providing Birth to Three services and supports within natural environments, is to ensure that a child with disabilities has the opportunity for the same types of experiences as children without disabilities. Research shows benefits to providing early intervention within natural environments. For example:

- *Every child has an opportunity to participate in his or her community.* Experiences such as attending preschool, going to a neighborhood child care program, and participating in a play group at a neighbor's home make it possible for a child with disabilities to learn how to interact in the community in which he or she is a part.
- *A child is more likely to generalize skills learned in natural environments.* Children are more apt to use what they have learned when skills are taught in settings where the skill is typically used (e.g. dressing after bathtime, eating at mealtimes, requesting toys during play.
- *All children learn to understand and accept differences.* Inclusion in natural environments provides children with disabilities the opportunity to participate in the same activities as other children in the community. Children who don't have disabilities also benefit from playing and being with children who have disabilities.
- *A child is more likely to learn appropriate and effective social skills.* In natural group environments, children with disabilities have the opportunity to learn by imitating and participating in the play, verbal exchanges, and social interactions of their typically developing peers.

Parents Say:

"This is Graham's community. We want him to be part of it and for people to know who he is. Early intervention services have brought Graham more into community life -- at his pre-school, at the Y and at home 24 hours a day. He is learning to participate in typical activities, doing things on his own, and making his own mistakes!" -- *Phillipa Orszulak*

"Early intervention services in natural settings helped our child really participate and become more independent. It helped us to see the possibilities for Chris and prepared him to lead a normal life. Chris has begun kindergarten now and is an active member of his class. I don't think this would be happening for him if he did not have the right start." -- *Maria Engborg*

"I was afraid the other children wouldn't accept my daughter. Then she was invited to her first birthday party. We brought her and everyone was truly excited to see her."

"At first, the idea of bringing my child to a playgroup seemed ridiculous. He was only 23 months. Now I can tell that being around other kids his own age was good for him. He has friends, he socializes more freely, and he knows how to share."

"My son had speech therapy in a clinic for one year and he made very little progress. After one month in a toddler playgroup with other 'typical' kids, he is beginning to say words and has started walking! I guess there is nothing like peer pressure!"

"At first, I didn't want my child in a day care which had children with special needs. I didn't think the teachers would spend time with him, but my son has learned to be gentle and caring through the children with special needs and he has taught me how to be more accepting."

Community Providers Say -

"It allows parents the opportunity to be able to come into a community building and really feel that their family is a part of the community . . .

It makes everyone involved so much more aware that children are children and everyone has strengths and weaknesses. I believe this early awareness will help eliminate future bias against groups of people.

It gives all children a positive message early on that differences are natural."
-- *Pat Callahan, Greenwich YWCA*

"It gives children with special needs an opportunity to be with their neighborhood friends in an environment that is welcoming and caring. All children start early in developing sensitivity to each other's strengths and weaknesses that will last a lifetime. They are all building skills to interact with a variety of other people. Parents know that everyone is accepted here - perfect is not expected." -- *Toni Natale, St. Paul's Day School*

NATURAL ENVIRONMENTS FROM REFERRAL TO THE IMPLEMENTATION OF THE INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)

Quality early intervention is a result of a process that is based on the natural routines of a family and child. This process results in the development of strategies to enhance learning in natural environments. That is to say that the discussion of natural environments is not about locations where services are delivered, but of a process which identifies when and where in a family's natural routines, interventions will be most effective. Some of the landmarks of a family's early intervention experience are *referral, first contacts, assessment, Individualized Family Service Planning, and transition.*

Referral to the Connecticut Birth to Three System

Medical providers and social service agencies may refer families to the Birth to Three System or suggest that families refer themselves. The referral source's understanding that supports and interventions are developed around naturally occurring routines helps parents understand what to expect from the Birth to Three System. Based on the information that a family has received prior to their first contact with Birth to Three, they may already have developed an expectation of what form their child's intervention will take.

The Birth to Three System strives to educate the entire community (families, referral sources, human service agencies, and early care and education providers) that it:

- offers *developmental* services;
- operates in the communities that it serves, working with families and children where they are;
- provides services that complement rather than replace medical service delivery systems.

A Family's First Contact with the Birth to Three System

A family's first formal contact with the Birth to Three System is most often in a telephone conversation with a Birth to Three Infoline intake worker. Infoline staff are trained in the concepts of natural environments and reinforce these concepts when talking to families. After choosing a program, the family is in contact with a secretary, intake coordinator, or other staff member at a Birth to Three program, who also understands and reinforces the concepts of natural environments in the system.

> *At a regular visit to Billy's doctor, Mrs. Smith learned that her son did not have as many communication skills as other children his age. While she and her husband had been worried about this for several weeks, hearing this from the pediatrician made the problem much more real and urgent. Mrs. Smith asked the doctor if he would refer Billy to a speech therapist. The doctor explained that children learn language best from language experiences and from opportunities to be in a communication rich environment. He felt that speech therapy on its own would not help Billy very much but that a Birth to Three program could help structure the way Billy experienced language and enhance his communications abilities.*
>
> *Mrs. Smith was unclear on the details but followed the Doctor's suggestion and called Birth to Three Infoline. She asked for the name of a Birth to Three center near her home. The Infoline Specialist described how a Birth to Three program would go to where Billy was, rather than bringing Billy to a center. She explained how this would be much less disruptive to the Smiths, and would help everyone who interacted with Billy become a language helper, and help prevent isolating Billy from his peers.*
>
> *When Mrs. Smith talked to the intake coordinator from a local Birth to Three program the following day, she was looking forward to getting started with a program that would address Billy's communication needs at home, at the library story hour, and in the Mommy and Me group at a nearby church.*

With these systems in place, program staff's first face-to-face contact with a family is an experience where professionals are listening and probing, as well as exploring the family's resources and the child's needs.

Assessing the Child's and Family's Strengths and Needs

Once the child is determined eligible, a multidisciplinary assessment is completed. The team will look at the child's present abilities, strengths, and needs and at the family's resources, priorities, and concerns. During the assessment, the evaluator should focus on identifying the child's *activity settings* and *learning opportunities* in these settings. Activity settings are where the child plays and learns. For example, a child's home setting may include the kitchen where he plays with pots in the cabinet while family members prepare meals. In this example the initial assessment may identify learning opportunities in this setting -- how he uses motor planning skills in this part of the natural family routine, and what family members may do to encourage motor development. These learning opportunities build on existing capabilities.

The illustration below shows one way a family and a Birth to Three program might work together to discover where a child spends time in a home setting. They would use a chart like this to identify various learning opportunities that exist which might be used to address outcomes that the family has identified.

Understanding *family routines* is critical in identifying when learning opportunities occur in various settings. In the illustration above, the table presents different opportunities at different times. Lunch time might be a good time to work on holding a spoon at the table; dinner might be a better time to work on conversation. In the middle of the afternoon, this might be a setting to work on puzzles and games with an older sibling.

The initial assessment cannot focus on the child alone because the team needs to learn about the events, interactions, and activities that occur naturally in the life of the family. As soon as the family is comfortable with the service coordinator, she can ask questions such as:

- Where does your child spend time?
- What types of activities do you enjoy doing together?
- What seems to go well during the day with your child?
- Does she attend a child care program? A play group?
- Does he spend time at a relative or neighbor's home?

With permission, family members will be interviewed to determine their resources, priorities, and concerns related to enhancing the development of their child. This process should help identify what assistance the family needs in promoting their child's ability to function in his or her natural environments.

Child and family assessment is an ongoing and dynamic process, not limited to the administration of normed tests.

Developing the Individualized Family Service Plan (IFSP)
The IFSP is the document that translates what was learned from the child's and family's assessments into a written plan that guides the family, their support system, and the Birth to Three program in the implementation of a program of supports and services.

There are several components to this process. These include: Identifying family priorities and outcomes, identifying supports and service options, and planning for transition.

Identifying Family and Child Priorities and Outcomes: The IFSP team helps the family describe and record in the IFSP, with permission from the family, the outcomes they expect to achieve for their family and the criteria to determine the degree to which progress is being made in achieving these outcomes. The IFSP team should assist the family in identifying the circumstances in which they would like assistance, including facilitating, enhancing or ensuring the quality of participation for their child in his/her natural environments. The services necessary to meet the needs of the family are reflected in the plan.

Once the family's concerns, priorities, resources, and family routines are identified and discussed, the program must assist the family in determining outcomes for their child. The IFSP team helps the family articulate and record in the IFSP what the family wants their child to be able to do in the future. The IFSP team must then develop smaller, measurable steps (objectives) to reach the outcome. The IFSP team must discuss with families how they will know when their child's outcomes have been satisfactorily achieved.

Once the family has identified the outcomes for their child and understands how they will know when the outcomes have been achieved, strategies are developed through a collaborative process between parents and other team members. The strategies must support the child's and the family's ability to achieve the outcomes and ability to function where they live, learn, and play.

The decision regarding what services and supports will be provided must occur only after the development of outcomes and strategies. Services which address the strategies are selected through a collaborative process between the parents and other team members and must be delivered as documented in the IFSP.

To the maximum extent appropriate, the program must deliver services which support the child and family in their natural environments. Services must be delivered where the child lives, learns, and plays in order to increase the likelihood that the skills learned will be functionally relevant to the child's natural environment and that the child will practice the skill on an ongoing basis. The overriding consideration in selection of the location in which a service will take place is that the selection for each child must be determined on an individual basis according to the child's need(s).

It is the parents' prerogative to enroll their child in a child care facility, other public or private preschool program, or to keep their child at home. However, federal policy precludes the delivery of early intervention services to a child in a setting that includes only children with disabilities, even though that is the setting chosen by the parents.

If the IFSP team determines that the child needs to participate in a group in order to achieve an outcome such as socialization or language, and the child is not included in any group setting, the program can arrange for the child to participate with other children in a community setting such as a day care program. The program must provide appropriate support and technical assistance for the child so that his or her participation and interaction with other children in the group is appropriate.

What to Do If the IFSP Team Discovers that an Outcome Cannot be Met in a Natural Environment

In almost all cases, the Individualized Family Service Plan process outlined above will result in Birth to Three services and supports that are embedded in the child and family's normal daily routines. IDEA allows the team to choose to use other than natural environments only when the outcomes cannot be met providing services and supports in natural environments. In those few cases where the team decides that it is impossible to meet an outcome in natural environments, it will usually be after the program has attempted to achieve the outcome in a natural environment and it has not worked out.

The IFSP form requires a "justification for early intervention that cannot be achieved satisfactorily in a natural environment." In filling out the justification the IFSP team must follow these steps:

1. Explain how and why the IFSP team determined that the child's outcome(s) could not be met if the service were provided in the child's natural environment with supplementary supports provided by the Birth to Three program. If the child has not made satisfactory progress toward an outcome in a natural environment, the explanation must include a description of why alternative natural environments have not been selected or why it is inappropriate to modify the outcome;

2. Explain how services provided in this location will be generalized to support the child's ability to function in his/her natural environment; and

3. Develop a plan, with timelines and the supports necessary, to allow the child's outcome(s) to be satisfactorily achieved in his or her natural environments.

TRANSITION FROM BIRTH TO THREE SERVICES

Part C of the Individuals with Disabilities Education Act (IDEA) Amendments of 1997 requires that the families of all children leaving the Birth to Three System participate in a transition planning meeting where a written Transition Plan is developed. For many children this will occur in preparation for their third birthday, in which case the transition plan will address moving on to preschool special education services or other community services or to the end of special services and supports because the child is no longer eligible. This latter situation may occur sooner than age three if the child attains age appropriate skill levels. In all cases, a written plan is required and the importance of identifying the child and family's needs within their daily routines and community will continue to be of utmost importance if the plan is to be comprehensive and effective.

Transition To Preschool Special Education And Related Services

Birth to Three providers need to be aware of the subtle differences in focus and terminology that exist between the Birth to Three System and preschool special education services. They must also help families to understand the differences so that families begin their relationship with the public school in a positive manner.

In the Birth to Three System, providers are expected to develop outcomes and work with families to identify community supports that will enhance the day to day life of the child and family at home. Preschool special education providers do not ignore home and family needs but they are expected to focus more specifically on the child's educational needs and to identify specific goals, strategies, and services that will enhance educational progress. These activities must occur in the "least restrictive environment."

These system differences, can be constructively addressed. Birth to Three providers who have been addressing the needs of the child as part of their family and larger community must continue to keep this wider focus on needs and resources when planning for the child's transition. While the continuation of child-specific interventions through preschool special education services is an important outcome, the other family-oriented outcomes that were identified when the child was under age three may continue to be important to the family. An example of an ongoing need may be arranging for before and after school child care. Families may be at a loss as to how to address this arrangement with a community provider without Birth to Three staff being available to assist the family or program staff in this transition. The plan should address appropriately connecting the family with community resources that can support them in the attainment of family outcomes.

Birth to Three providers need to be careful not to give families unrealistic expectations of preschool special education or foster an antagonistic attitude. School district personnel must acknowledge that today's families are exposed to prior service experiences, research, and information that leads them to expect a wider range of choices and supports than some schools have been providing.

Transition To Community Services

When children leave the Birth to Three System in a planful manner, the family must have a transition meeting and plan even if the child does not go on to preschool special education services. The child's service coordinator must arrange for this to occur in a timely manner so that the family can experience a sense of closure and confidence with the ending of Birth to Three supports. When a service coordinator has been working with the family all along to identify their child's needs during his daily routines and has been assisting the family to build on their competencies and use natural supports, then planning for the removal of Birth to Three supports should result in a minimal sense of loss and uncertainty for the family.

NATURAL SUPPORTS FOR FAMILIES

A focus of early intervention with infants and toddlers is to increase the family's competence and capacity to meet the needs of their child. The Guiding Principles on Family Support Services developed by the Connecticut Family Support Council state:

- Family supports should help families to use and strengthen their social networks and natural sources of support. Supports should help families to build connections with community resources and services and should help communities to develop new resources when needed.

- Family supports should promote the integration and inclusion of children with disabilities into all aspects of community life.

Most services provided by a Birth to Three program will directly address the child's disability, but families often have many other needs as well. Birth to Three providers should link families to public and private programs that can assist with such issues as housing and economic security. Providers should also be aware of disability specific organizations that support families in the community and formal and informal parent support networks. Parent-to-parent networks exist in many communities to support families outside the context of service provider agencies.

Connecticut's Birth to Three programs are responsible for meeting families' needs to network and support one another. Families derive different kinds of support from their natural communities and from the community of people who have had or currently have a young child with a disability. Through the development of IFSPs, service coordinators can help parents identify resources that meet either or both of these needs. Birth to Three programs should expect to provide parent support groups, ongoing family training sessions, and formal and informal opportunities for families to network with one another.

THE ROLE OF BIRTH TO THREE IN THE COMMUNITY

For most families, some of the naturally occurring routines and activities for their infants and toddlers occur outside of the home. Children may typically spend time with extended family members, child care providers, at parks, libraries, or Ys, and in the grocery store. Whenever possible, activities in these community environments should be structured so that they will help lead to the accomplishment of IFSP outcomes.

As Birth to Three services become more and more embedded in the daily lives of families in their homes and in the community, the Birth to Three System will become more fully integrated in the life of the community. Birth to Three service providers can set the tone for community program staff. If interventions are presented as the domain of therapists, occurring outside the regular program routines, then a community program will not take responsibility for the child. If supports are integrated into the regular routine and staff are engaged in development and problem solving, they can take ownership in the child's plan.

Programs often use community mapping to identify appropriate resources in a family's community. In community mapping, program staff, parents, and community members identify activities and resources in local communities that fit the family's goals and needs. In preparing for community mapping exercises with families, a Birth to Three team might meet and focus on the communities and neighborhoods they serve, coming up with an ever-expanding list of financial supports, counseling supports, housing resources, churches, community centers, and so on, that support families. Individual families may have their own lists which are different, but the program's list can help to get them thinking and make them aware of additional

resources they might have overlooked. Local Interagency Coordinating Councils (LICCs) might be a major source of community linkage by recruiting community members who do not focus on children with disabilities.

Birth to Three service providers can actively affiliate with and participate in the activities of local Associations for the Education of Young Children chapters (NAEYC), Early Childhood Education Council (ECEC) groups, School Readiness Councils, and other formal and informal networks that focus on all young children. Providers can also develop partnerships with neighborhood and community groups whose focus is on making sure that families have opportunities for recreation and socialization that meet the needs of infants and toddlers with and without disabilities.

NATURAL ENVIRONMENTS AND CHILDREN WITH AUTISM SPECTRUM DISORDERS, COMPLEX MEDICAL NEEDS, OR SENSORY IMPAIRMENTS

Providing supports and services to children with autism spectrum disorders, complex medical needs, or sensory impairments in natural environments can present special challenges. The same is true for children with similar disabilities or those who have not yet been formally diagnosed with these disorders. (The autism spectrum includes PDD and autism. Sensory impairments include significant hearing impairments, and significant visual impairments.) These challenges include the following:

- Children may have difficulty being in group settings;
- Some treatment models stress individualized instruction, which families may equate with a therapeutic setting which is not part of his/her natural routines;
- Parents may feel the family support emphasis of the natural environments philosophy may detract from the need for intensive child focused interventions;
- Child care workers and staff who interact with children in community settings may have little or no experience with children with these disabilities;
- Families in community settings may be uninformed about the behaviors of children with PDD/autism or sensory impairments and the impact on their child;
- Families may be concerned that by participating in programs which use natural environments that they may be isolated from contact with other families of children with similar needs;
- These children may need extensive and ongoing diagnostic testing from medical or other specialists in ways that interrupt the normal routines of the family.

While services for children with these disorders need to be individualized and instruction carefully structured, it is not necessary to segregate these children with other children with similar disabilities for ongoing early intervention. Support by Birth to Three providers to the family should recognize the family's need to have the child in various settings in and outside of the home, with appropriate modifications and planning. Strategies should be developed that pay attention to transitions between the settings in which the child spends his or her time. The advantage of not creating settings specific to disabilities is that the child will not have to go through the confusing experience of transferring skills back into the normal routines and settings of his or her life.

Family support is very important to families that are learning about how these significant disabilities affect their child and family. Families need to learn about the disabilities, how to evaluate claims made about various interventions, and how to cope with extreme behaviors as well as how to handle the response of community members to those behaviors.

Parents need to be engaged in the intervention in a meaningful way or else they may perceive their role in the intervention as watching the professional "do magic." Interventions will be successful when they lead to family members understanding how to provide structure and support to the child during the great variety of routines which occur during the child's day. Professionals who demystify the work they are doing for parents create a relationship which helps parents recognize they have the capacity to address their child's needs.

Children With Autism Spectrum Disorders

The Connecticut Birth to Three System *Service Guideline 1: PDD/Autism,* recognizes that "placing children with PDD/autism in a community setting without...support and analysis is often not sufficient." Birth to Three providers must be careful that a plan for any child which uses community settings and resources is developed and implemented in a way that assures that the desired outcomes are being enhanced by the use of that setting. This is especially true for children with significant social and behavioral issues. Since social learning opportunities are often essential for the overall development of children with PDD/autism, it is important to develop plans that assure that the child has experiences in settings where those opportunities naturally occur, and that staff who work with children in these settings have expertise and training in the field of autism.

Because children with PDD/autism may be easily distracted, it sometimes seems that a setting within the home or those that are part of the child's natural routines will not be appropriate learning environments. Many successful interventions have been implemented by creating places within the home with fewer distractions. A family may shy away from a large drop-in type playgroup at a community center and work with their Birth to Three provider to create a smaller more structured playgroup in their home with children from the neighborhood. By creating socialization opportunities in familiar settings, the child and family will have more

opportunities to use skills and strategies throughout the day and week. For example if a playgroup is at a neighbor's house and the child becomes familiar with the neighbor's house, it can be a successful destination at times other than when the playgroup is scheduled.

The Connecticut Birth to Three System's *Service Guideline 1: PDD/Autism* highlights various strategies and intervention approaches for children with PDD/autism such as development of communicative intent, sensory integration, augmentative communication, and applied behavior analysis. The majority these strategies are highly dependent on the child's routinely occurring experiences and settings. An example from the guidelines is a child who throws his bowl at the end of a meal. A behavioral and communicative approach might be used to help the child develop more acceptable ways of communicating that he is done eating. This program could involve practice away from the mealtime routine, for instance in helping him to select a picture that represents "all done" or in forming a sign for "all done." This may even involve the use of discrete trials to learn this specific skill, but the intent of the practice would be to make this natural routine work better. Likewise, sensory integration evaluations may occur outside of the natural environment to evaluate the child's sensory needs and to develop a useful "sensory diet" for the child, but best practice dictates moving from the clinical setting where the "diet" is developed to embedding sensory integration experiences into the child's natural routines and learning opportunities.

Family support cannot be seen as a substitute for specific highly structured, systematic, and intensive interventions which address the outcomes developed in the IFSP process, but Birth to Three programs need to be skilled in assuring that these very structured programs do not isolate the interventions from the family.

> *After Tommy Jones was diagnosed with PDD at the neurological clinic, his Birth to Three provider started putting together the systematic individualized home teaching program recommended by the clinic. His teacher, Brenda, came every day and played with Tommy, encouraged him to express his needs, and helped introduce him to new toys. Mrs. Jones sat on the couch and watched the instruction. She was very pleased to see all the things Tommy would do with Brenda but was often frustrated when she left because Tommy would ignore all the toys , preferring to sit close to the TV and watch his favorite Barney video. She and Tommy had frequent disagreements about how he should spend his time, which usually ended with Tommy having long tantrums.*
>
> *The parents felt that the program wasn't working and asked for more services. As part of the review of Tommy's progress, an autism consultant accompanied Brenda to the Jones' house. The specialist was impressed at how skillful the teacher was and how responsive Tommy was to her teaching. But she asked, "Why is Mrs. Jones sitting on the couch while you play with Tommy?" Before Brenda could answer, Mrs. Jones said. "That's what I thought I was supposed*

to do. I didn't want to get in the way of Tommy's program." The specialist explained that the program wasn't just for Tommy but it was an opportunity for Mrs. Jones and friends and other family members to learn how to interact with Tommy and help him learn. In that way he would be practicing his new skills when Brenda wasn't around.

She did recommend an increase in services for Tommy but she also helped rewrite the plan so that Mrs. Jones was involved in teaching Tommy whenever Brenda was there and throughout the day. She helped Brenda develop skills so that she could make the parents' active role in implementing the IFSP important from the very first visit on.

THIRD PARTY REIMBURSEMENT FOR PROVIDING SERVICES IN NATURAL ENVIRONMENTS

Connecticut General Statute 17a-248g requires Birth to Three programs to seek reimbursement from third party payers prior to claiming reimbursement from the Birth to Three System. To accomplish this, each child's IFSP is reviewed and signed by the child's primary physician. With parental/guardian permission, the program follows the steps necessary to access third party reimbursement.

There may be concerns that serving children in natural environments will adversely affect a program's ability to file insurance claims. First and foremost, Birth to Three providers develop a service plan that meets the identified needs of the child within the framework of best practice and is understandable to the parent. That IFSPs list the types and locations of services to be provided. Sections 38a-490a and 38a-516a C.G.S. require insurers to pay claims for services that they would normally cover. Each insurance plan follows their own guidelines regarding medical necessity in determining whether or not they will pay for a service. While Birth to Three providers must actively pursue insurance reimbursement for services, these services are delivered irrespective of insurance reimbursability. Birth to Three System administrators actively work with insurance companies to help them understand the nature and scope of services delivered by Birth to Three programs and to encourage insurers to reimburse for services that address the child's health and developmental needs.

QUALITY ENHANCEMENT OF BIRTH TO THREE SERVICES

Within the overall quality assurance process in the Birth to Three System, Quality Enhancement Teams (QETs) look at how a program accommodates the natural routines of families and the naturally occurring learning environments that children are in. These teams are made up of parents, Birth to Three Regional Managers, and staff from Birth to Three programs. Team members are trained to use the Outcome Measures For Early Childhood Intervention Services. The Outcome Measures were developed by the Council on Quality and Leadership in Supports for People with Disabilities, a national quality enhancement organization, to identify how well early intervention services are meeting the needs of families in the Birth to Three System. The following values from the QET process highlight some key issues:

- Children with developmental delays and other disabilities have the right to access the same environments as any other children.
- Children with and without developmental delays and other disabilities can learn important things from one another.
- Interactions with children without disabilities during the early developmental years is linked to the child's ability to interact in adulthood.

Below are examples of outcome and process questions from the Council's outcome measures. These questions are asked of parents to identify whether the outcome was present for them and if the program had a process in place to insure the outcome for the family.

- During the initial evaluation did you receive information about other resources/services in your community?
- Did the family decide how their services and supports would be provided?
- Has the organization designed and initiated a process that provides the families information about the benefits of interactions with children in typical settings?
- Is the family involved in the community to the extent they would like to be?
- Has the organization designed and initiated a process that informs families of opportunities, determines the interests and offers support desired?
- Does your child spend time with children who do not have developmental delays?
- Has staff ever ask you about the extent of your natural supports?
- Has the organization designed and initiated a process that will promote the formation or continuation of natural support networks for the family?

QUESTIONS AND ANSWERS

Questions Providers Ask

Q. Provider: *Is "natural environment" equated with the child's home?*

A. A child's home is usually one "natural environment," but children typically have other locations that are natural for them as well. Older toddlers may experience recreation and socialization in a variety of community environments.

Q. Provider: *Isn't it a little bit naive to think that all community settings offer quality services and supports to young children and their families?*

A. The variable quality of supports and services available is a concern of all parents with young children. With the help of a service coordinator, a family may have better information about how to judge the quality of a setting. Birth to Three staff should be an asset in helping community providers address the developmental needs of all children. If a selected location is inappropriate to address the outcomes identified in an IFSP, then another location should be found. A natural environment must be safe and nurturing, encourage child development, and be accessible to the child and his family.

Q. Provider: *The mission statement talks about "choice" as well as about natural environments. What if a family wants to choose a specialized setting for Birth to Three services?*

A. The mission statement also values "best practice" which discourages us from offering choices in isolated clinical settings that research has suggested are less effective than the use of natural environments. Service coordinators need to make sure that families understand that supports and services are available in a variety of home and community settings. The federal government has made it clear that one aspect of "choice" is that Birth to Three services are voluntary. Should families desire segregated services they are free to choose them, but the family needs to understand that they have chosen a service *other than* Birth to Three. The federal government does not allow the Birth to Three System to deliver services in those settings.

Q. Provider: *How do you handle cultural issues such as families not wanting extended family members involved or wanting a private setting?*

A. Look at options available and find other locations. If your program did not have a center (which many programs don't), you would need to find alternative locations that are conducive to child and family needs.

Q. Provider: *What do I do about staffing issues when parents want services delivered during weekend or evening activities, e.g. Sunday School?*

A. There may be opportunities to assist the child in that setting at other times. For example you might be able to visit the Sunday School classroom during the week and practice activities there. The Sunday School teacher might be able to come with you or talk with you on the phone about what some of the issues are at the Sunday School. These strategies would minimize the amount of time the Birth to Three staff person would need to spend at the Sunday School class, if not eliminate the need for a Sunday visit. Although Birth to Three providers also have families and need their own personal time, it is not unreasonable to expect that there will be instances where the most effective way to address an IFSP outcome will be during evenings and weekends.

Q. Provider: *How do you handle families with chaotic homes and lots of siblings? It is difficult to address the child's needs in this type of home.*

A. It may be difficult to meet a child's developmental needs in a chaotic or difficult home environment. Service coordinators may need to focus as much effort on helping the family connect with needed supports as on providing direct service to the child. This is where the child spends most of his day, so strategies need to be developed. They may or may not be effective but if we are not present to try to have some impact on the home environment, then there is almost no chance of effecting change.

Q. Provider: *How can I get all this information about the family's routines and resources to develop this plan when I've just met them and I've got a million other questions and forms for them?*

A. Because the process of developing the family's plan requires a relationship between the family and provider, the initial IFSP meeting may be awkward and in some ways incomplete. Service coordinators are encouraged to write short term plans rather than rush through assessments and IFSPs in order to get services in place. The first contacts, evaluation, and assessment phases of the Birth to Three experience will determine whether a family will expect provider-designed services or services and supports using the natural learning opportunities that occur in the child's and family's lives. Rushing through these first steps to get to "services" will be detrimental. In most cases, the IFSP will be revised after the provider and the family know each other better.

Questions Parents Ask

Q. Parent: *How can I be sure my child is receiving professional services at our community gymnastics program?*

A. As a parent, you are a part of the Birth to Three team working to meet the outcomes in the IFSP. As you work with your child at a community program, your interventionist who meets the personnel standards of the Birth to Three System will

help you relate the activities to your child's goals and needs. You may share these ideas with the gymnastics teacher but the responsibility for the IFSP stays with you and your interventionist.

Q. Parent: *How can I tell if a place where Birth to Three services are provided is a natural environment?*

A. It is easy to get stuck on the notion of natural environments as simply places or locations. Routines that are part of the everyday lives of children and families take place in a large variety of places within the home, with extended family members, in the car, at child care sites, and in the community. Birth to Three staff may interact regularly or occasionally with a child and family at any of these kinds of places in order to enhance learning.

Q. Parent: *What about a public hospital?*

A. Hospitals, clinics, rehabilitation centers, classrooms, or other places where only early intervention or medical services are delivered would usually not be good choices for ongoing Birth to Three services. Sometimes these locations are well suited for a specialized evaluation or a single visit, but they would usually be inappropriate for ongoing services. Some specialized medical needs may be addressed in these settings but in most cases these would be medical services rather than the developmental services that are provided in the Birth to Three System. If early intervention services were delivered in any of these locations, the procedures for justifying use of other than a natural environment must be documented and indicated on the IFSP.

Q. *Parent:* *How can I be sure my child with complex medical needs gets all the therapies she needs in a natural environment?*

A. Use of natural environments should not effect the intensity of services your child receives. Your early intervention professional is more likely to introduce activities that will be functional in your child's life during the many hours of the week that she is not receiving services. Your service coordinator should help you locate any long term nursing or respite services you may need and work with you on identifying sources of payment for them. Children with complex needs sometimes receive inpatient or outpatient medical or rehabilitative services in addition to the developmental supports and services available from the Birth to Three System. Parents may consult with their health care provider about these services.

Q. Parent: *If natural environments are the best place for my child, will my Birth to Three provider pay for my child to attend a day care program?*

A. No. It is not the intent of the Birth to Three System to create natural environments for children but to utilize those environments which are natural for

your child. Sometimes, service coordinators may be able to help a family identify payment sources for community activities or child care.

Q. Parent: *My child has special health care needs. How can I be sure that she will receive her medications in a community setting?*

A. Birth to Three staff have an important role in helping parents assure that children's special health care needs are addressed in community settings. If a child was about to begin participating in a nursery school setting where the parents would not be present, the service coordinator might arrange some training sessions for staff where issues around medications were discussed. A staff member might come with the child the first few days and stay while medications are administered to make sure the staff at the school were comfortable with the procedures and make it a point to continue to drop in around medication time if this continued to be a parent's concern. Parents and service coordinators could work with medical providers to simplify medication schedules and routines so they are not unnecessarily limiting her participation in community life.

Q. Parent: *If my child receives services in natural environments, will services be delivered by untrained paraprofessionals instead of professional therapists?*

A. The Birth to Three System requires that all services be delivered by staff who meet personnel standards. Paraprofessionals are always supervised by licensed professionals. Effective early interventions are those that can be carried out by parents, day care providers, extended family members and friends. The use of paraprofessionals should complement the services the child and families receive, not detract from them.

Q. Parent: *I'm confused by this talk of outcomes. What I want is to have a therapist see my child. Why can't I just call therapy services an outcome?*

A. Services and supports that are identified in the IFSP process to address the outcomes the family has prioritized are often more meaningful to the child and family. Progress toward reaching outcomes and the appropriateness of the strategies are easily measured when the outcomes relate to the family's needs.

Appendix 1

PROGRAM QUESTIONS FOR ADMINISTRATORS REGARDING HOW SUPPORTS ARE OFFERED TO FAMILIES IN THEIR NATURAL ENVIRONMENT

1. What do our program's IFSPs look like as a whole? Is there a wide variety of plans or do most kids get home visits and playgroup?

2. What are some of the different locations in the community in which we are supporting families?

3. Do we work in different locations within a home addressing different aspects of each family's daily routine?

4. Do we operate or support any group programs for children?

   If yes, how are families/children identified to participate?

5. Are the locations of these program(s) somewhere that these children or families would go if they didn't have delayed development or issues with their health?

6. Is the service or support offered in their town or community?

7. Do other children with delays in their development and their families participate in these activities?

   If yes, what is the ratio of Birth to Three children and their families to children without disabilities and their families?

8. Is there consistency in attendance which affords an opportunity for the children and their families to establish relationships?

9. Do we operate this program for the community?

   a. Would it exist without Birth to Three funding?

   b. Would we continue to operate this program if there were no Birth to Three children/families choosing to attend?

Appendix 2

QUESTIONS FOR BIRTH TO THREE STAFF REGARDING THE INDIVIDUALIZATION OF FAMILY SERVICE PLANS

YES	NO	1. Meeting was held at time and location convenient to family, in their native language or mode of communication and with the people they wanted present.
YES	NO	2. Parents were informed about the IFSP process and asked for their preferences for who they would like to participate and what information they may want to share.
YES	NO	3. The family is presented with an integrated summary of their child's functional abilities and needs.
YES	NO	4. The parents are asked what and how they would like information about their family's Concerns, Priorities and Resources recorded.
YES	NO	5. The discussion includes identification of where the child and family spend time on a daily basis to determine what services are needed to enhance their child's development and how these services can be provided with respect for the family's daily routines.
YES	NO	6. The IFSP team helps the family describe and records in the IFSP, with permission from the family, the outcomes they expect to achieve for their family and the criteria to determine the degree to which progress is being made in achieving these outcomes.
YES	NO	7. The IFSP team assists the family in identifying the circumstances in which they would like assistance, to facilitate, enhance and ensure the quality of participation for their child in his/her natural environment.

YES NO 8. Strategies are developed through a collaborative process between parents and other team members, to support the child and family's ability to achieve the outcomes and ability to function where they live, learn and play.

YES NO 8a. The IFSP team identifies the natural supports and resources present in the child's environment and activities in the child's daily routine that offer opportunities for the child to learn the new skills.

(These are recorded in the strategies and Section VI of the IFSP).

YES NO 8b. Consideration is given to who can "teach" the child the new skills, (i.e., parents, peers, siblings, other caregivers, professionals) and whether or not the parents or other caregivers need assistance facilitating the child learning the new skill.

YES NO 8c. Strategies document activities that the parent is already doing.

YES NO 9. Services reflect the medical, social, educational, and developmental needs of the child and of the family.

YES NO 10. The program does not list a service as a strategy for reaching an outcome.

YES NO 11. Services are delivered where the child lives, learns, and plays in order to increase the likelihood that the skills learned will be functionally relevant to the child's natural environment and that the child will practice the skill on an ongoing basis.

YES NO 12. If the IFSP team is considering service provision in a location other than a child's natural environment, the justification must be reconsidered at least every six (6) months, documented in the IFSP and include:

YES NO 12a. an explanation of how and why the IFSP team determined that the child's outcomes could not be met if the service were provided in the child's natural environment with supplementary supports provided by the Birth to Three program,

YES NO 12b. how services provided in this location will be generalized to support the child's ability to function in his/her natural environment, and

YES NO 12c. a plan, with timelines and the supports necessary to allow the child's outcomes to be satisfactorily achieved in his/her natural environments.

YES NO 13. The IFSP team discussed and recorded the need for individual services or group services.

YES NO 14. If the IFSP team decides services should be provided in a group setting, the following information on how discussed and recorded:

YES NO 14a. how participating in a group of children will help the child progress toward meeting the outcome(s) listed in the IFSP,

YES NO 14b. how the child will interact with the other children in the group, and

YES NO 14c. what the other children in the group will be doing that is of benefit to the child.

Appendix 3

RESOURCES

Books

Baglin, C. A. (1991) Implementing Early Intervention in a Child-Care Setting. in Bender, M. & Baglin, C. A. (Eds.). (1991). *Infants and Toddlers: A Resource Guide for Practitioners.* San Diego, CA: Singular Publishing Group, Inc.

Cook, R. E., Tessier, A., Klein, M. D. (1996) *Adapting Early Childhood Curricula for Children in Inclusive Settings.* Englewood Cliffs, NJ: Prentice Hall.

deFosset, S., Rasbold, R. A., Battigelli, S., Ament, N., & Rooney, R. (Eds.). (1996). *Including Young Children With Disabilities in Community Settings: A Resource Packet.* Chapel Hill, NC: National Early Childhood Technical Assistance System.

Dunst, C. J., Boyd, K., Shields, H., Umstead, S. (1995). *Facilitating Successful Community Involvement for Children With Disabilities and Their Families.* Pittsburgh, PA: The Building Community Resources Project, Allegheny-Singer Research Institute.

Fink D. B. (1991). *Child Care and Education for Young Children with Disabilities: A Literature Review and Bibliography* (working parent series, No. 230). Hempstead: New York State Child Care Coordinating Council and Wellesley: Wellesley College. Massachusetts Center for Research on Women.

Kjerland, L. & Mendenhall, J. (1991). *Comparison of Integration Practices for Children Birth to Three and Three to Six: Results of a Statewide Survey of Local School District Programs.* Eagan, MN: Dakota, Incorporated

Peck, C.A., Odom, S. L., & Bricker, D. D. (Eds.). (1993). *Integrating Young Children with Disabilities into Community Programs: Ecological perspectives on research and implementation.* Baltimore, MD: Paul H. Brookes.

Rab, V. Y., & Wood, K. I. (1995). *Child Care and the ADA.* Baltimore MD: Paul H. Brookes.

Thornburg, V. *That All May Worship.* Religion and Disability Program. National Organization on Disability, 910 16th Street NW, Washington DC, 20006

Venn, M. L., Fink, D. B., Hadden, S., & Fowler, S. A. (1994). *Facilitating Inclusion in Community Settings: Creating environments that support the communication and social interactions of young children.* Family and Child Transitions into Least Restrictive Environments (FACTS/LRE), University of Illinois at Urbana-Champaign.

Wolery, M., & Wilbers, J. (Eds.). (1994). *Including Children with Special Needs in Early Childhood Programs.* Washington, DC: NAEYC

Articles

Bogin, J. (1991) The Sunrise Children's Center: Including Children with Disabilities in Integrated Care Programs. *Children Today, 20(*2), 13-16

Bricker, D. (1995). The Challenge of Inclusion. *Journal of Early intervention, 19*(3), 179-194.

Bruder, M. B. (1993). The Provision of Early Intervention And Early Childhood Special Education Within Community Early Childhood Programs: Characteristics of Effective Service Delivery. *Topics in Early Childhood Special Education, 13*(1) 19-37.

Craig, S., & Haggart, A. (1994). Including All Children: The ADA's Challenge to Early Intervention. *Infants and Young Children, 7*(2), 15-19.

Dunst, C.J., Bruder, M.B., Trivette, C.M., Raab, M., Hamby, D.W., & McLean, M. Natural Environments: Expanding learning opportunities for infants, toddlers, and preschoolers. *Manuscript submitted for publication.*

Schwartz, I. S., & Olswang, L. B. (1996). Evaluating Child Behavior Change in Natural Settings: Exploring Alternative Strategies for Data Collection. *Topics In Early Childhood Special Education, 16*(1), 82-101.

Other Resources

Connecticut Coalition for Inclusive Education, 1030 New Britain Ave., Room 102B, West Hartford, Connecticut 06110. (860) 953-8335.

Early Childhood Research Institute on Inclusion, School of Education, University of North Carolina, CB #3500, Chapel Hill, NC 27599-3500. (919) 966-5917.

PEAK Parent Center, 6055 Lehman Drive, Suite 101, Colorado Springs, C0 80918 (719) 531-9400.

Special Education Resource Center, 25 Industrial Park Road, Middletown, Connecticut 06457-1520. (860) 632-1485.